

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31554

State File No.

Registrar's No.

FILED OCT 7 1943 07

Registration District No.

Primary Registration District No.

3019

75

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Life time years, months or days

3. (a) PRINT FULL NAME

MISSOURI ANN Bailey

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced -W-2

6. (b) Name of husband or wife John Bailey

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased November 11 1862
(Month) (Day) (Year)

8. AGE:

Years 80 Months 9 Days 18

If less than one day hr. min.

9. Birthplace Dunklin County
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation home

11. Industry or business home

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Blakemore

(b) Address Flint, Mich

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Blakemore

(b) Address Flint, Mich

19. (a) 9-3-43 (Date received local registrar) (b) Julia Blakemore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett, Mo 035
(If outside city or town limits, write "RURAL")
(d) Street No. 401 College Ave 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1943 hour 6:15 minute 4 A. M.

21. I hereby certify that I attended the deceased from Jan 43
71 to aug 30 1943
that I last saw him alive on aug 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

De compensation of Heart
Due to Arteriosclerosis (Senile) 4 months
10 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature George Kishner M. D. or other
Address Flint 7110 Date signed 8-31-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1043-124

Date Filed 10-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Saline

Licensed Embalmer No. 2556

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.